SPRING 2008

FORCE HEALTH
PROTECTION AND READINESS

Outdoor Safety
How to have safe fun in the sun

Deployment Resources
Keeping kids informed

Water Therapy
New treatment program for injuries

FORCE HEALTH PROTECTION AND READINESS

The Magazine of Force Health Protection and Readiness
Spring Issue 2008 ■ Volume 3 Issue 2

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Print and visual submissions of general interest to active duty, reserve component members, veterans and families are invited. Please send articles with name, phone number, e-mail and complete mailing address and comments to:

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The editor reserves the right to edit all submissions for length, readability and conformance with DoD style and policy.

IN THIS ISSUE

On the cover:

U.S. Air Force 1st Lt. Wayne Ross swims under the ropes during the National Disabled Veterans Winter Sports Clinic April 4, 2007.
Defense Dept. photo by William D. Moss

RESOURCES

Force Health Protection and Readiness
FHP&R
http://fhp.osd.mil

Deployment Health and
Family Readiness Library
http://deploymenthealthlibrary.fhp.osd.mil/

GulfLINK
http://www.gulflink.osd.mil

DeployMed ResearchLINK
http://www.deploymentlink.osd.mil/deploymed

Post-Deployment Health Re-assessment
http://fhp.osd.mil/pdhrainfo/index.jsp

TRICARE
http://www.tricare.osd.mil/

DoD Deployment Health Clinical Center
(866) 559-1627
http://www.pdhealth.mil

Marine for Life
(866) 645-8762
https://www.m4l.usmc.mil/

Military OneSource
(800) 342-9647
http://www.militaryonesource.com/

Military Severely Injured Center
(888) 774-1361
http://military.com/support

Defense Enrollment Eligibility Reporting Systems (DEERS)
(800) 538-9552

Department of Veterans Affairs
(800) 827-1000
http://www.va.gov

U.S. Army Center for Health Promotion & Preventive Medicine
http://chppm-www.apgea.army.mil/

DoD Mental Health Self-Assessment Program
https://www.militarymentalhealth.org/test

Department of Defense
http://www.defenselink.mil

Hooah 4 Health
http://www.hooah4health.com/

National Committee for Employer Support of the Guard and Reserve
(800) 336-4590
http://www.esgr.org

American Red Cross
(202) 639-3520
http://www.redcross.org

Enlisted Association of the National Guard
(800) 234-3264
http://www.eangus.org

Military Officers Association
(800) 234-6622
http://www.moaa.org

National Association for Uniformed Services
(800) 842-3451
http://www.naus.org

Have a story idea?

FHP&R is looking for interesting stories about health related topics.

Please submit ideas and stories to FHPWebmaster@tma.osd.mil.

From the Desk of
Ellen P. Embrey

Here at Force Health Protection and Readiness, we look at spring as a new beginning.

Here at Force Health Protection and Readiness, we look at spring as a new beginning. We've accomplished a lot over the past few months, including the creation of two new capability areas. Medical Countermeasures looks to increase the personal health protection for all U.S. Forces from chemical, biological, radiological and nuclear threat agents. International Medicine works with other agencies to form partnerships with allied nations, intergovernmental organizations, non-governmental organizations and private organizations to improve the health of developing or distressed nations and peoples. These new areas greatly increase the ability of Force Health Protection and Readiness to maintain our fit and healthy force, and we're very excited to have them.

This issue of *Force Health Protection & Readiness* highlights advances in therapy for all injured Service Members. Water therapy is a great new rehabilitation technique for those with limb injuries. New therapy using mirrors aides those with limb amputation to move past phantom limb pain. Congress has authorized DoD the use of experimental drugs to treat those exposed to chemical, biological and radiological threat agents, to help find new treatments and save lives. And finally, our 2008 Military Health System conference "Caring for Americas Heroes," focused on the role of proper healthcare delivery, challenges toward enhancing deployable medical capability, patient center care and streamlining a system of accessible health information for our Service members.

The future of Force Health Protection and Readiness hinges on the satisfaction and treatment of those in need. Thus, we are working to ensure that Service members are fit and healthy before, during and after deployment.

Please be sure to look over the section on outdoor safety in this edition. An important component of our organization is to keep family members healthy, both mentally and physically, while loved ones are deployed. We strive to provide information and hope you consider Force Health Protection and Readiness a key component in your family's health. See you this summer!

Ellen Embrey

Deputy Assistant Secretary of Defense
for Force Health Protection and Readiness

PATIENT ADVOCACY

By: Monica Wiley, FHP&R Staff Writer

The quality of medical care often rests with patients' perceptions and how they view the services they received. Occasionally, a patient may not be satisfied with the medical treatment received at a military health facility. Should this occur, there is help available through the Patient Advocacy Program.

Patient Advocacy investigates and directs complaints to the appropriate hospital staff members for resolution. The staff can function as an intermediary to the hospital administration on behalf of patients and families to provide assistance with referrals to appropriate services and resources.

Hospital staff can respond when other alternatives are not available and at the same time establish and maintain a meaningful dialogue with hospital personnel to enhance the delivery of quality health care to the patient.

The advocacy program collects data on patient care and shares the information with the appropriate department and services, ensuring patient issues are addressed. The information is used to make recommendations for change in hospital procedures and policies.

The program educates healthcare professionals and promotes an understanding of the sensitivities involved in caring for patients and their specific needs through new employee orientation and training programs. These programs are based on patient feedback received through the program and assessment of responses to incidents. Additionally, the program emphasizes compliance with the hospital's patients' rights and responsibilities philosophy.

Program administrators consistently evaluate patient satisfaction with their hospital experience and, if needed, work with patients to restore their confidence in hospital services.

Administrators can assist the hospital staff to facilitate care by intervening when necessary and by promoting teamwork, working with ombudsmen and providing timely satisfactory patient care.

Each military medical treatment facility has a patient advocacy program which is there to serve those in need. Check with the information desk at a local facility for more information.

DoD image

TUWAITHA NUCLEAR RESEARCH CENTER IN IRAQ: SAFE LEVELS OF RADIATION

By: Derek White and Marisa Cole, FHP&R Staff Writers

Soon after the start of Operation Iraqi Freedom combat operations in March of 2003, Iraq's security guards departed Iraq's primary nuclear research and materials storage facilities located at the Tuwaitha Nuclear Research Center (TNRC), 12 miles southeast of Baghdad. Looters then entered the facilities and removed containers and other items. Media reports at that time raised concerns that there may have been a health threat from exposure to radioactive components of the facilities and from radioactive materials stored there.

Radiation Exposure Testing at TNRC

At that time, a multidisciplinary team from the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) conducted a comprehensive radiation survey at TNRC because U.S. forces were at work securing the facility. The survey team collected thousands of radiation measurements and hundreds of samples in and around accessible buildings, as well as samples from individuals. The team also conducted a comprehensive health risk assessment based on environmental samples collected.

During this survey, radiation exposures at TNRC should have been the highest for U.S. forces as the site was recently abandoned and looted. However, results of the measurements taken at that time clearly showed that even the radiation worst-case estimates for those securing the facility were well within safe standards. Results from the USACHPPM survey team who actively searched for radioactive sources and were exposed to radiation also were well within safe limits.

Exposure and cancer: Is there a link?

Rumors and conflicting reports about the radiation at TNRC circulated from the early phases of the war until now, even though site conditions have significantly improved over time. Given the proven link between high levels of radiation exposure and cancer, it is understandable that Soldiers might be concerned about their doses at TNRC. However, there are several reasons why USACHPPM is confident that radiation levels at TNRC are safe:

•Even in 2003, when the site was in the worst condition with respect to the risks to U.S. forces, measured radiation exposure levels were well within safe limits established by the U.S. Nuclear Regulatory Commission (NRC).

•The radiation doses received by the USACHPPM survey team of radiation experts, who were actively looking for radiation sources at TNRC, also were well within safe limits established by the NRC.

•Since that time, all radiation sources at TNRC have been identified and secured or removed, further reducing any potential for radiation exposure.

•Ongoing monitoring over the past 4 years of U.S. personnel entering and occupying the TNRC demonstrates that no one was overexposed to radiation.

Still concerned about your exposure to radiation?

Even though radiation sources and doses at TNRC clearly indicate levels are safe, Soldiers can submit a urine sample for analysis after discussion with their health care provider. Soldiers can request this analysis from any supporting military medical treatment facility.

Want More?

USACHPPM Health Physics:
http://chppm-www.apgea.army.mil/hp/

Navy Deployment Resources:
http://www-nehc.med.navy.mil/postdep/EP/Deplted_uranium.htm

Air Force Institute for Operational Health:
http://www.brooks.af.mil/units

Occupational Safety and Health Administration (OSHA):
http://www.osha.gov/SLTC/radiation/index.html

U.S. Environmental Protection Agency (USEPA) Radiation Protection: http://www.epa.gov/radiation/

National Council on Radiation Protection and Measurements: http://www.ncrponline.org/

World Health Organization:
http://www.who.int/ionizing_radiation/en/

NEW POLICIES FOR EMERGENCY USE AND INVESTIGATIONAL NEW DRUGS

By: Gina Pattison, FHP&R Staff Writer

Military personnel deployed in operations may be exposed to a range of chemical, biological and radiological threats as well as diseases endemic to an area of operations. It is the policy of the U.S. government to provide military personnel with safe and effective vaccines, antidotes and treatments that would negate or minimize the effects of these health threats. However, in the wake of September 11, 2001, concerns arose that the U.S. military might not be able to use countermeasures believed to be the best available.

If no safe and effective FDA-approved drug or biological product is available to meet a foreseeable threat under a force health protection program, DoD may seek FDA authorization to use a product that has not been approved for general commercial marketing or that has been approved for some purposes but not for the same purpose for which it is needed.

Understanding the drawbacks and delays in the use of Investigational New Drug procedures, Congress has approved a separate approach. With the implementation of DoD Instruction 6200.02, items may be authorized by the FDA for use through an Emergency Use Authorization when the intent is to use the drug/vaccine solely for emergency prophylaxis or treatment of military forces or civilians when there is no available approved product. Authorization may be requested to protect against the effects of chemical, biological and radiological attacks.

Requests by the Assistant Secretary of Defense for Health Affairs must be justified based on the available evidence of the safety and efficacy of the medical product and the nature and degree of the threat to personnel.

NEW CAPABILITY AREAS

Force Health Protection and Readiness created two new capability areas: International Health and Medical Countermeasures.

By: Gina Pattison and Marisa Cole, FHP&R Staff Writers

INTERNATIONAL HEALTH

International health, from a DoD perspective, has taken on more importance in the worldwide effort to reduce and eliminate terrorism. The need for a separate International Health Division within FHP&R, not just a part of Global Civil-Military Medical Operations, was recognized by the requirements of two directives issued by the Secretary of Defense. The first assigns general responsibilities to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) concerning health policies, programs and activities. The second focuses on the role of DoD in stability operations.

The International Health capability area works with other agencies to form working-level partnerships with allied nations, intergovernmental organizations, non-governmental organizations and private organizations to improve the health of developing or distressed nations and peoples. International Health consults with these partners when DoD assets are required for a specific task. It then advises the ASD(HA) on the nature of the problem, resources needed and the training required to operate effectively in the environment.

International Health recognizes that effective health promotion requires realism, cultural awareness, local expertise, an open mind and a cooperative attitude. Health promotion is an essential part of improving stability and preventing violence.

MEDICAL COUNTERMEASURES

To increase the personal health protection for all U.S. Forces from chemical, biological, radiological and nuclear (CBRN) threat agents, the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness created a Medical Countermeasures Division within FHP&R.

Medical Countermeasures advises the ASD(HA) on significant new biomedical defense strategies and medical countermeasures for DoD while providing support to the Department of Health and Human Services and DoD international partners.

The new division will coordinate with the Joint Staff and Services to:

- Generate medical requirements for Service members
- Prioritize and fund medical development and acquisition programs to operate aross the full range of CBRN threats
- Promote advanced CBRN training for all military medical personnel

To prevent death or disease from existing and emerging CBRN threats, the Medical Countermeasure Division will recommend policies for both the immunization of U.S. Forces and other mission-critical employees against biological threats and policies for the management and treatment of illness or decline in health from exposure to CBRN agents.

MIRROR THERAPY

SHOWS PROMISE IN AMPUTEE TREATMENT

By: Donna Miles, American Forces Press Service

When Army Sgt. Nicholas Paupore puts a mirror near his left leg, he's whole again. The right leg that was destroyed when an explosively formed penetrator ripped through his Humvee just south of Kirkuk, Iraq, suddenly reappears before his eyes, reflecting the left leg that remains.

Paupore, 32, admitted he was skeptical when Navy Cmdr. (Dr.) Jack Tsao suggested using a mirror to help him deal with excruciating pain he continued feeling in his missing right leg.

The phenomenon, called "phantom limb pain," plagues as many as half of all amputees, likely the result of a faulty signal between the brain and the missing appendage. Neurons in the brain continue sending out signals to a limb that's no longer there. As a result, amputees can feel discomfort or pain and, in some cases, the sense that their missing limb is stuck in an uncomfortable position.

For Paupore, a 101st Airborne Division artilleryman who was serving on a military transition team training Iraqi troops when he was wounded in July 2006, the pain felt like electric shocks or knives stabbing into his missing leg. "It felt like someone…was putting an electrode on the back of my ankle," he said.

Tsao, associate professor of neurology at the Uniformed Services University of the Health Sciences (in Bethesda, Md.,) thought he was on to something when he revisited literature about Vilayanur Ramachandran, a neuroscientist at the University of California San Diego, who came up with mirror therapy to treat phantom limb pain in upper extremities.

Ramachandran used mirrors so amputees could "see" and "move" their missing limbs to relieve the discomfort. Funding restrictions and lack of a steady stream of amputees prevented Ramachandran from testing his research through clinical trials.

Tsao, who treats military amputees wounded in Iraq and Afghanistan at Walter Reed Army Medical Center, had no such restrictions. With huge DoD interest in caring for combat-wounded amputees, he had little trouble selling a treatment that involved little more than a $20 mirror.

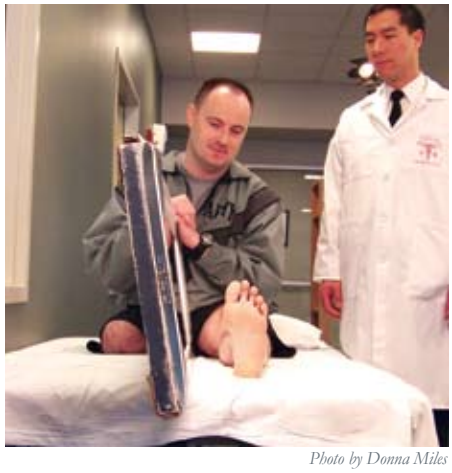


Photo by Donna Miles

He set up a clinical trial and recruited 18 combat-wounded amputees suffering from phantom limb pain to participate.

Paupore admitted he wasn't convinced when Tsao first proposed the trial, but said he figured he had nothing to lose. "I was really skeptical," he said. "But I figured, I'm not going anywhere, so I'll try it."

Tsao randomly assigned the participants into three groups. One group received mirror therapy as advocated by Ramachandran. One went through the same therapy, but with the mirror covered by a sheet so it didn't reflect the limb. The third group got no mirror and simply visualized seeing the missing limb in a mirror.

Paupore began the trial in the second group, with a covered mirror. After four weeks, he felt little change. But when Tsao switched him to the group using an uncovered mirror so he was able to "see" his missing leg, Paupore saw immediate improvement.

Sitting on a hospital bed with his legs fully extended, Paupore demonstrated the therapy. He put a standard 6-foot-long mirror lengthwise between his left leg and the residual stump on his right side, with the mirror reflecting the intact leg. He moved the leg, watching the

movement in the mirror and imagining that his missing leg was making the movements.

The very first time he tried it, Paupore felt something happening. "The stump started firing off right away," he said. "It got a little uncomfortable."

Participants in the trial used the mirror therapy technique 15 minutes a day, five days a week for four weeks. "Pain levels seemed to come down after the first week and keep diminishing," Tsao said.

Every single person who used the mirror experienced relief, and some reported that their phantom pain disappeared altogether.

Tsao continued administering the therapy for an additional four weeks, up to eight weeks, and saw more success in patients who still felt phantom pain. Many were able to get off their pain medicine altogether or bring their pain levels down to a point where it was manageable with low dosages of drugs, he said.

"The mirror works for most people who have tried it," Tsao said. "It doesn't work fully for everyone. Some people are left with some residual pain, but it is better than when they started. For the most part, if you talk to the amputees here, they have actually been able to get off the medications, some sooner than others."

Those who used the covered mirror or visualization had far less success, Tsao reported. Some said their phantom pain actually worsened until they began therapy with an actual mirror.

More than a year after completing his mirror therapy, Paupore said he still experiences occasional phantom pain, but "only once in a great while." The pain is far less severe than before the mirror therapy, and Paupore is off painkillers altogether.

"It tricks your brain into thinking your leg is still there, so it's not misfiring," he said. "I don't know how it works, but it works."

> *"A lot of them are very surprised that they are actually able to get movement and then the pain seems to be going away."*

Paupore said he encourages other amputees suffering from phantom pain to give mirror therapy a try. "I've always recommended it to them," he said. "At least give it a try. Some people may get mild help out of it; some may get extraordinary help out of it."

Tsao is quick to say mirror therapy doesn't work for everybody. "It's not a cure-all for all kinds of phantom pain, but it's definitely a way to improve therapy," he said.

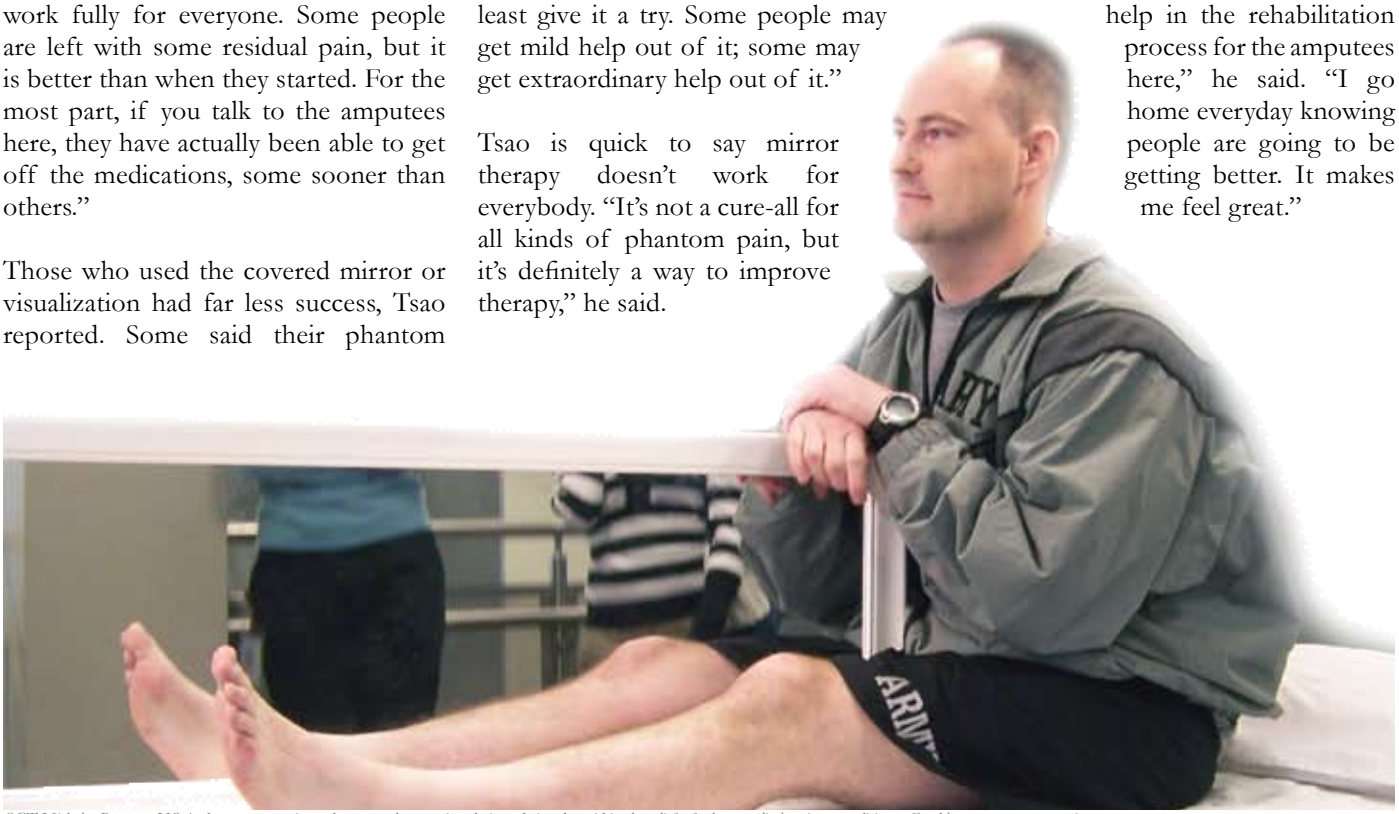
Even patients whose pain remains after the therapy reported less severe symptoms. "A lot of them are very surprised that they are actually able to get movement and then the pain seems to be going away."

Tsao published the results of the clinical trials this past fall in the New England Journal of Medicine. Based on the promise it's shown, he said, he hopes to get approval for two more studies.

One will test mirror therapy for treating phantom pain in missing arms; Tsao said he hopes to conduct that trial both at Walter Reed at the Center for the Intrepid military rehabilitation facility, and Brooke Army Medical Center in San Antonio. The second trial, called functional magnetic resonance imaging, will attempt to figure out precisely why mirror therapy works.

Overall, Tsao called advances in treating amputees "nothing short of phenomenal" and said he's proud to be playing a part.

"I think the most gratifying part of this is that we are actually able to help in the rehabilitation process for the amputees here," he said. "I go home everyday knowing people are going to be getting better. It makes me feel great."



SGT Nicholas Papoure, USA, demonstrates mirror therapy, a therapeutic technique designed to aid in the relief of phantom limb pain, a condition suffered by many amputee patients. Photo by Donna Miles

RESOURCES FOR **MILITARY CHILDREN**

By: Tania Meireles, FHP&R Staff Writer

The life of a military child is filled with unique challenges and opportunities. Moving all over the world, changing schools and dealing with separation from friends and loved ones are just some of the circumstances they encounter. These events can be stressful and even traumatic, but resources are available to help military children transition and thrive.

One such resource is the Military Child Education Coalition™ (MCEC™). MCEC™ is a non-profit 501(c)(3), world-wide organization, focused on the academic and school-related needs of the military-connected child. Addressing the transition and other educational challenges faced by the military child, MCEC™ serves as an incubator of innovative approaches, a conduit of promising practices and an information source for organizations, educators and parents. Toward this end, the MCEC™ performs research, develops resources, sponsors professional institutes, conducts conferences and publishes information for all constituencies.

"The number one request from our nation's Service members currently deployed around the world is very simple: "Take care of my family!" And we at the MCEC™ strive to serve the almost two million military-connected children each and every day," said Dr. Mary Keller, MCEC™ Executive Director.

MCEC's staff and volunteers support existing initiatives and respond to new opportunities in support of military children. The MCEC™ Web site includes a variety of information, links and tools that can assist you and your family.

Photo by: Marny Malin

MCEC™ programs:

SchoolQuest™ - a safe, secure online resource for military families to help make decisions on future schools for your children.

The Interactive Counseling Center™ (ICC™) - a Web-based video conferencing system that allows families and educational counselors to exchange information between sending and receiving schools. The ICC™ network has connected schools that are serving the military communities all over the world.

Parent Workshops - a practical workshop that provides tools for military-connected parents based on "what works" research and useful planning ideas for before, during and after a change of schools.

Supporting Children and Families of National Guard and Reserves™ - the primary goal is to reach out in a support network to the children of the Army National Guard, Reserve components and geographically isolated families.

Living in the New Normal Supporting Children Through Trauma and Loss™ - provides family members with information to help support military-connected children during times of uncertainty, trauma,and grief.

THE *NEW* **RESERVE HEALTH READINESS PROGRAM** IS UNDERWAY

By: the RHRP Team

The Reserve Health Readiness Program (RHRP), once called the Federal Strategic Health Alliance Program (FEDS_HEAL), was created to acknowledge the expansion and enhancements of the services and recognize the movement of the program from the Department of Health and Human Services, Federal Occupational Health, to the Department of Defense, Force Health Protection and Readiness.

The main objective of the RHRP is to ensure the health readiness of Service members of the Armed Forces Reserve and Active Components.

The RHRP provides a wide range of medical, dental and behavioral health services, using a nationwide network of approximately 45,000 private providers of various disciplines who are trained specifically on the services provided through the contract.

The RHRP services include physical examinations, Periodic Health Assessments (PHAs), Post-deployment Health Reassessments (PDHRAs), dental examinations and x-rays, dental treatment, immunizations, vision services, audio services, laboratory services, occupational health services, vaccine storage and distribution and other services required to satisfy the Service components' readiness needs.

These services are provided through three models: in-clinic using civilian facilities; on-site, where providers perform group services at unit locations; and a call center through which PHA and PDHRA assessments are conducted.

Services are available throughout the continental U.S., Alaska, Hawaii, Puerto Rico, Guam, American Samoa, U.S. Virgin Islands and Germany.

After service requests are ordered and approved, the appointment or group event is coordinated and managed from beginning to end.

The RHRP encompasses:

•Provider assignment

•Direct scheduling of the appointment with the Service member and clinic

•Supplying materials and equipment

•Service confirmations

•Medical and dental records review and maintenance

•Data entry and management

•Quality review of all examinations

•Dental and medical officer review

•Classification of examinations

•Digital copying of all records

•Post appointment/event follow-up

•Periodic reporting

From the program's onset in 2001 through January 2008, over 2,300,000 services have been provided, greatly helping the components in meeting their medical readiness requirements.

U.S. Air Force Senior Airman Sonia Vega, gauges the right amount of vaccine needed for a shot at Balad Air Base, Iraq. (DoD image)

Want More?

Services may be ordered through the Automated Voucher System:

Phone: (800-666-2833) the

RHRP email: rhrp@tma.osd.mil

For more information, contact CDR Diedre Presley:

Diedre.Presley@ha.osd.mil or

703-681-3279, ext. 154

WATER
therapy

WATER THERAPY:
REHABILITATION WITH LESS PAIN

By: Dr. Paula P. Godes, Army Physical Therapy

Sgt. Vincent Fanning had a mission. As one of the first platoon sergeants for the Warrior Transition Unit at Fort Dix, N.J., he was assigned to help rehabilitate Soldiers with injuries as they went through the transition of Soldier to citizen. A fiber optics specialist with no fitness or medical training, Fanning had hundreds of Soldiers under his watch, broken in body, but not spirit.

At a loss for how to care and train these Soldiers, someone suggested water physical therapy. He immersed himself into developing a water fitness program, attending conferences, reading up to six hours a day on the subject and daily pool practice to see what worked.

He realized the benefits of exercising in an environment where the injured weighed 60% less than on land, increasing the range of motion and the benefits to those suffering from arthritis and injuries.

Fanning's therapy begins with 50 squats in the water. Foam dumbbells are used as they provide resistance during upper body workouts, using the water's resistance, 800 times greater than air.

A lower-body workout uses tubing with handles wrapped around a pole at the wall and flippers. Those in treatment lean back and kick with full force. One minute of kicking leaves most gasping for air.

Fanning brought his water fitness program to Ft. Belvoir, Va., for a 90-minute workout, emphasizing the strengthening of core muscles and aerobic conditioning.

Battalion Commander, Lt. Col. Wayne Green, was surprised at the intensity of the workout. "I learned a lot about the control of my body today. But what I learned more was the way these folks learned to find a different way to exercise for those who might say 'I can't because I'm hurt,'" said Green.

Fanning and others involved in the program believe so much in the water fitness program helping the injured to recover that they have contributed the $2000 in aquatic equipment necessary to teach the course.

"I learned a lot about the control of my body today. But what I learned more was the way these folks learned to find a different way to exercise for those who might say 'I can't because I'm hurt,'" said Green.

A Soldier from Fort Belvoir, Virginia, participates in water therapy. Photo by: Marny Malin

2008 MILITARY HEALTH SYSTEM CONFERENCE

Images of the MHS Conference

By: Bunmi Babalola, MHS Senior Writer
Photos by: Derek White

The Military Health System (MHS) "Caring for America's Heroes" conference spent January 28-31, 2008, discussing the MHS' role in global healthcare delivery and attending plenary and breakout sessions, aligned with the MHS strategic plan, goals and objectives. Hosted by DoD Assistant Secretary of Defense for Health Affairs, the Deputy Director of TRICARE Management Activity (TMA) and the Surgeons General of the Armed Services, this conference was attended by more than 3,000 healthcare professionals and MHS leaders.

Dr. Steve Jones, Principal Deputy Assistant Secretary of Defense for Health Affairs, moderated the first plenary session, "The Future of the MHS," focusing on quality care, funding, human capital, communications and humanitarian aid.

The second plenary session, "Media Roundtable – Public Perceptions of the MHS 2008 and Beyond," was moderated by Mr. Terry Jones, Acting Director of Communications for Health Affairs. During this plenary session, military health leaders discussed their goals for 2008 and media personnel offered suggestions on ways the MHS can reassure the American people of their true intent to provide beneficiaries with top quality care.

Throughout the four-day conference, MHS leaders and healthcare professionals discussed their successes and challenges as they work toward the goal of enhancing deployable medical capability, providing top-quality patient-centered care, providing globally accessible health information and building and sustaining the best hospitals and clinics. The conference provided attendees, including the media, a unique opportunity to reach the key leaders and decision makers of the MHS.

Mr. Arnold Fisher, Honorary Chairman for the Intrepid Fallen Heroes Fund and Vice Chairman for Fisher House, announced that DoD has agreed that the Intrepid Fallen Heroes Fund will build and equip the National Intrepid Center of Excellence for Traumatic Brain Injury in Bethesda, Md. The center will be built adjacent to the new Walter Reed National Medical Center on Navy's Bethesda campus.

Mr. Arnold Fisher, Honorary Chairman for the Intrepid Fallen Heroes Fund and Vice Chairman for Fisher House, concludes his speech on the plans to build the National Intrepid Center of Excellence for Traumatic Brain Injury. (From Left: Ms. Ellen Embrey, Deputy Assistant Secretary of Force Health Protection and Readiness, Mr. Arnold Fisher)

Mr. Fisher also stated that DoD has agreed to establish a group of medical professionals to provide world class research, training and educational support for this center. Mr. Fisher's goal is to have the new center built and equipped within 14 months, and he requested that the senior leaders and military medical professionals conduct the necessary medical research needed to ensure the center will be put to use by then. "I challenge you to be ready to take care of our kids coming home with this terrible affliction," said Mr. Fisher.

Above - Ms Ellen Embrey, Deputy Assistant Secretary of Force Health Protection and Readiness, receives the Distinguished Civilian Service Award. (From left: Dr. David Chu, Under Secretary of Defense for Personnel and Readiness); Ms. Ellen Embrey and Dr. S. Ward Casscells, Assistant Secretary of Defense for Health Affairs) Right - Dr. S. Ward Casscells

MILITARY HEALTH SYSTEM ESTABLISHES STREAMLINED RESEARCH REVIEW PROCESS

By: Gina Pattison, FHP&R Staff Writer

As part of the Military Health System's goal of decreasing the amount of time it takes for research to go from "bench to battlefield," an Infectious Disease (ID) Institutional Review Board (IRB) was created. The ID IRB will greatly streamline the review and approval process for some military-relevant infectious disease research while ensuring high quality scientific and ethical review and human subjects protection.

The ID IRB is being implemented through a Memorandum of Understanding (MOU) that applies to research protocols that the Infectious Disease Clinical Research Program (IDCRP) supports. The IDCRP was established in 2006 at the Uniformed Services University (USU) through an Interagency Agreement with the National Institutes of Health (NIH) National Institute of Allergy and Infectious Diseases (NIAID). Its mission is to develop and conduct collaborative clinical infectious disease research of importance to both DoD and NIAID through the establishment of an effective network to rapidly respond to evolving infectious disease threats.

The network ID IRB will be administered through the USU but will include participation from across the Medical Commands and NIAID.

The IDCRP is a collaborative effort currently involving seven Medical Commands representing all Service components and the Uniformed

DoD image

Services University of the Health Sciences (USUHS). Until now, collaborative research can require as many as seven reviews by the Military Treatment Facilites (MTFs), one review at USUHS, and four headquarters-level reviews. With the MOU, this process has been reduced to a single scientific review by the IDCRP Programmatic and Scientific Review Board, a single ethical review by the newly created Infectious Disease IRB, and a single headquarters administrative review.

Dr. David Tribble, Associate Director, Infectious Disease Clinical Research Program Preventive Medicine and Biometrics Department, USUHS, said, "Through this scientific and IRB review process, we are reducing our review timeline from sometimes as long as two years to a just a few months, enabling a rapid response to address research needs for infectious disease threats for the military while ensuring human subject safety."

Participating Medical Commands are engaged in the process through representatives on the IRB, close communication between USU and Command research offices and real-time transparency through a dedicated ID IRB Web site. The Services are engaged in the process through a single representative on the headquarters review panel.

Tribble, who was integral in establishing the new ID IRB, believes this IRB is not what most people think of when they think of an IRB, in the traditional sense. "This is a network IRB, rather than a central IRB. It is administered centrally, but it has involvement and participation across the military health system network," he said.

IDCRP believes that this clinical research network scientific and ethical review process will allow DoD to elevate small-scale studies to multi-center, large cohort studies that can provide needed evidence to effect clinical practice changes for prevention and management of infectious diseases of military importance. "In order to achieve timely multi-center clinical research within DoD, it is critical to have a coordinated network review and approval process. The widespread recognition of the need for this process and support received at both the local Command level and through cooperative efforts at Health Affairs and with each Component Headquarters provide considerable optimism." Tribble added.

CENTER FOR DEPLOYMENT PSYCHOLOGY EXPANDING ITS REACH

By: Bill Yamanaka, FHP&R Staff Writer

The Center for Deployment Psychology (CDP) is expanding its reach to increase the awareness of deployment-related behavioral health needs of Service members and their families. Integrating into the recently opened Department of Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury, the CDP is adding its multi-faceted mission to the DCoE's network orchestration.

The CDP provides the primary training and education component for the DCoE with a tri-service (Army, Navy, Air Force) consortium designed specifically to train military and civilian behavioral health professionals to provide high quality services to military personnel and their families. Established in August 2006 as part of the Uniformed Services University of the Health Sciences (USU), the CDP is funded by Congress to train military and civilian behavioral health professionals.

The CDP, directed by David Riggs, Ph.D., plays a key role in the DCoE's collaborative mission. Dr. Riggs is a nationally recognized expert in post-traumatic stress conditions. This organizational relationship is not unlike that of the DCoE and the Defense and Veterans Brain Injury Center (DVBIC), as reported in the Winter 2008 issue of *FHP&R Magazine*. DVBIC and CDP are integral parts to the DCoE's foundation and operational development.

According to Dr. Riggs, "Programs developed by the staff of the Center for Deployment Psychology have filled an important role in preparing professionals to care for Service members and their families. We are looking forward to expanding these programs and to helping to orchestrate the overall training and education efforts of the DCoE and the military services."

The DCoE leads the overall collaborative effort toward optimizing psychological health and traumatic brain injury treatment for DoD. It establishes quality standards for clinical care; education and training; prevention; patient, family and community outreach; and program excellence.

As it has in its relatively brief time as DoD's top deployment psychology training entity, the CDP continues to provide training to professionals throughout the U.S. The core of this training effort is a 2-week intensive course held at USU, up to six times a year. These courses provide attendees with information pertinent to the care of the deployment-related behavioral health needs of Service members and their families. Courses are open to military and civilian mental health professionals, interns and residents, with a particular effort to include members of the National Guard and military reserves.

The CDP also will conduct a series of seminars and workshops throughout the U.S. to provide training for professionals who have not attended the intensive course and updated information to those who have. In addition to providing ongoing education to military professionals, these efforts are designed to train civilian psychologists, physicians and mental health workers in clinical care issues relevant to the returning veterans and family members.

The center was established at USU with satellite training sites across the country at ten military medical centers with accredited clinical psychology internship programs. It has assigned a deployment behavioral psychologist at each of these sites to train and consult with professionals at respective medical centers, as well as the broader military and civilian communities.

The CDP is moving forward with the DCoE as it designs and conducts behavioral health courses and develops training materials. In the future, the CDP will take an active role in guiding deployment-related policy and program development, operations and management through training and research efforts.

Spring into Safety

The fun and excitement of the warmer seasons are quickly approaching. The doors have opened to many activities in the sun, water, great outdoors and even your backyard. Please keep safety on your mind during all your activities. Here are a few tips to help you along your way.

By: Tania Meireles, FHP&R Staff Writer

Fun in the Sun

- Wear protective clothing, (hat, long sleeve shirt and long pants)
- Limit exposure to the sun when it is at its strongest (10am-4pm)
- Wear sunglasses that protect against UVA and UVB radiation
- Use sunscreen before going outdoors, even when cloudy
- Repeat sunscreen application throughout the day
- Use a higher SPF as insect repellents may lower the effectiveness of sunscreens
- Drink water to avoid heat injuries
- Get vitamin D safely through supplements and foods

Water Safety

- Learn how to swim and wear life jackets when near water
- Set water safety rules for family based on swimming abilities
- Take caution in and around rushing water
- Do not mix alcohol with swimming, diving or boating
- Maintain constant supervision of children
- Have phone available in case of emergency
- Check weather reports before

Allergy Avoidance

- Stay indoors in the morning, when pollen counts are highest
- Use air conditioning and keep windows closed
- Use a dehumidifier to reduce indoor humidity
- Use a clothes dryer instead of hanging laundry outside
- Do spring cleaning and wear a dust mask
- Take allergy medications before outdoor activities
- If you must do yard work, wear a dust mask
- Wash your hands, face and hair after outdoor activities
- Shield yourself from insect bites
- Avoid bright clothes and wearing scented products
- Wear long sleeves, pants, shoes and a hat
- Wear insect repellent (with DEET)
- Carry a personal first-aid kit for individuals with allergies
- Quickly brush off insects that land on skin
- Destroy all insect nests around your home
- Get rid of all standing water or change out weekly
- Clean gutters in spring and fall to ensure proper drainage

Grilling Perfection

- Check your grill thoroughly before using it
- Make sure the grill is at least 10 feet away from your house
- Don't use grills on top of anything that can catch on fire
- Keep children away from fires and grills
- Establish a safety zone around the grill
- Have a fire extinguisher, a garden hose or at least 16-quarts of water close by in case of a fire
- Don't wear loose clothing that might catch fire
- Use long handled barbecue tools or flame resistant mitts
- Never use any flammable liquid other than barbecue starter fluid
- Never pour or squirt starter fluid onto an open flame
- Keep alcoholic beverages away from the grill
- Never leave the grill unattended

Sports and Recreation

- Get a physical from your doctor
- Get proper training and learn the rules
- Wear the appropriate safety equipment
- Warm up, stretch and cool down
- Schedule frequent water breaks during practices and games
- Use misting sprays to keep the body cool
- Apply sunscreen and wear a hat to reduce the chance of sunburn
- If there is a sprain or bone injury, follow RICE: Rest, Ice, Compression and Elevation

Into the Wilderness

- Do not go alone, parties of four or more are best
- Leave location information with family or friends
- Plan carefully (check weather and equipment)
- Make sure to bring emergency signals
- Beware of loose rock, rivers and wildlife
- Stay off exposed ridges during storms

Gardening and Yard Work

- Dress appropriately for the task
- Remove objects from the work area that can cause injury
- Be sure that safety devices are in place and functioning properly
- Never let a child ride or operate tractor or riding mower
- Keep children indoors and supervised at all times
- Unplug electric tools and disconnect spark plug wires before making adjustments
- Handle gasoline carefully
- Never work with electric power tools when wet or damp
- Be sure that extension cords are in good condition and are rated for outdoor use

Want More?

http://www.nsc.org/library/facts/sunsafet.htm

http://www.redcross.org/services/hss/tips/healthtips/safetywater.html

http://www.mayoclinic.com/health/springtime-allergies/AA00060

http://www.homesafetycouncil.org/safety_guide/sg_backyard_w004.aspx

http://www.sportssafety.org/

http://www.cdc.gov/ncidod/outdoor_spot/

PREPARING FOR THE WORST, *HOPING FOR THE* ***BEST***

By: Marisa Cole, FHP&R Staff Writer

Providing timely and appropriate protection during a public health emergency such as a terrorist attack, flu outbreak or earthquake requires planning and coordination between federal and local government agencies. One area of concern is the distribution of appropriate medicine and medical supplies.

The Centers for Disease Control and Prevention (CDC) maintains large quantities of such medicine and medical supplies, called the Strategic National Stockpile (SNS) (see page 20), to protect the public from supply shortages.

DoD ensures the families of Service members on active duty and the Reserve component NOT on active duty are either taken care of by DoD or provided for from the SNS.

What is DoD doing to protect the public in a health emergency?

Preparing for disaster is something that the U.S. government has taken very seriously over the past few years after the attacks of 9/11, natural disasters like Hurricane Katrina and the threat of worldwide pandemic influenza.

Since 2001, DoD, along with a number of other U.S. government agencies, has been working hard to improve the public health and medical preparedness of the country.

But many areas of vulnerability still exist. For that reason, President George W.

Staff Sergeant Tasheka Morrow stocks supplies in the 48th Medical Group Supply warehouse. (DoD image)

Bush issued a new National Strategy for Public Health and Medical Preparedness through Homeland Security Presidential Directive 21 (HSPD21) signed on October 18, 2007.

This National Strategy provides a roadmap to improve the nation's ability to prepare for and respond to catastrophic health events, focusing on both the public health and medical systems. The Strategy assigns specific action items to certain government agencies, often in coordination with each other.

The main responsibilities of DoD, working with various other government agencies, include the following:

•Create and supervise the progress of an Epidemiologic Surveillance system, which would monitor human disease activity across populations

•Review the SNS annually and make recommendations for its improvement

•Develop protocols for sharing preventive measures (countermeasures) and medical goods between SNS and other Federal stockpiles

•Create a plan that identifies and coordinates all Federal, State and local government and private sector public health and medical disaster response resources and identifies any gaps that exist

•Create a plan to more effectively integrate military medical treatment facilities into national and regional education, training and exercise preparedness activities

•Identify any legal, regulatory or other barriers to public health and medical preparedness and recommend possible elimination of such barriers

•Create a plan to promote comprehensive community medical preparedness

•Prepare an unclassified briefing for non-health professionals clearly outlining scope of risks to public health posed by relevant threats and catastrophic health events

•Develop a way to coordinate public health and medical disaster preparedness across executive departments and agencies to ensure standardization of knowledge

•Set up an academic Joint Program for Disaster Medicine and Public Health housed at a National Center for Disaster Medicine and Public Health at the Uniformed Services University of the Health Sciences

The Public Health and Medical Preparedness Task Force, made up of more than ten government agencies, will create an Implementation Plan for the overall Strategy, submit this plan to the Assistant to the President for Homeland Security and Counterterrorism and meet periodically to monitor and report on the progress of the plan.

Task Force members

- The Secretary of Health and Human Services, who shall serve as Chair
- The Secretary of State
- The Secretary of Defense
- The Attorney General
- The Secretary of Agriculture
- The Secretary of Commerce
- The Secretary of Labor
- The Secretary of Transportation
- The Secretary of Veterans Affairs
- The Secretary of Homeland Security
- The Director of the Office of Management and Budget
- The Director of National Intelligence
- Such other officers as the Chair of the Task Force may designate from time to time

4 main areas of preparedness:

1. Biosurveillance
2. Countermeasure distribution
3. Mass casualty care
4. Community resilience

WHAT IS THE **STRATEGIC NATIONAL STOCKPILE** AND WHAT DOES IT MEAN TO YOU?

By: Tania Meireles, FHP&R Staff Writer

The Strategic National Stockpile (SNS) was created as a resource for all. An act of terrorism or a large scale natural disaster in the U.S. will require rapid access to large quantities of pharmaceuticals and medical supplies. The SNS will ensure that supplies are readily available to support state or local governments lacking these resources.

Large quantities of medicine and medical supplies are collected and stored in a stockpile to protect Service members, their families and the public in the event that local supplies run out during a severe public health emergency (terrorist attack, flu outbreak, earthquake).

How does the SNS work? The SNS has enough medicine to protect people in several large cities at the same time and will provide these supplies for free. Many factors are considered when deciding what is included in the stockpile, such as current biological or chemical threats, the availability of medical materiel, the ease of dissemination of pharmaceuticals and, most importantly, the medical vulnerability of the civilian population.

Once a severe public health emergency has occurred and the federal and local authorities have decided the SNS is needed, the supplies will be delivered to any state. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible. If the incident requires additional supplies, they will arrive within 24 to 36 hours. The quantity and type of supplies will be tailored depending on the need.

During an emergency, you can find out about how to get medicine to protect you and your family by watching TV, listening to the radio, reading the newspaper, checking the community's Web site or learning from trusted community leaders.

FHP&R is working with the Department of Health and Human Services and the Centers for Disease Control and Prevention to ensure that the SNS meets its goals in stockpiling, distributing and dispensing to those in need to protect Service members, their families and the public.

Want More?

http://www.bt.cdc.gov/stockpile/

http://www.bt.cdc.gov/preparedness/

WHAT IS IN THE SNS?

- Antibiotics
- Chemical antidotes
- Antitoxins
- Life-support medications
- Airway maintenance supplies
- Medical and surgical items

WHAT CAN YOU DO TO PREPARE FOR AN EMERGENCY?

1. Have emergency supplies ready
2. Create a plan for your family
3. Be informed

HOW DOES THE DEPARTMENT OF DEFENSE (DOD) AND CENTERS FOR DISEASE CONTROL (CDC) WORK TOGETHER FOR THE SNS?

- DoD and CDC share medical supplies
- DoD stores some of the SNS supplies in several locations across the country
- DoD exercises with the SNS for receipt and distribution of supplies in many states